

Please type a plus sign (+) inside this box



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/660370
	Filing Date	09/12/2000
	First Named Inventor	Hardjono
	Group Art Unit	2134
	Examiner Name	Tran
Total Number of Pages in This Submission	Attorney Docket Number	120-244 2204/A66
	Nortel Ref.	BA0472

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) and letter <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lindsay G. McGuinness, Reg. No. 38,549 Steubing McGuinness & Manaras LLP
Signature	
Date	11/2/2004

CERTIFICATE OF MAILING OR FACSIMILE			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below:			
Type or printed name	Carol Ann Mahoney	Date	11/2/04
Signature		Date	11/2/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOV 02 2004

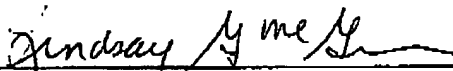
Serial No: 09/660370  
Attorney Docket No: 120-244

**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office at number (703) 872-9306

11/2/2004

date

  
SignatureLindsay G. McGuinness, Reg. No. 38,549

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each  
submitted paper.

Transmittal x 2	2 pages
Petition for Extension of Time x 2	2 pages
Change of Correspondence Address	1 page
Amendment	23
Total including this sheet	29 pages